(if PCT, indicate "PCT")

U.S.

PCT



DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: My residence, post office address and citizenship are as stated below,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MACROCYCLIC ANTIBIOTICS AS SEPARATION AGENTS

the specification of which (check only one item below):					
is attached hereto.						
was filed as United S	tates application Serial No.		on			
X was filed as PCT inter	national application No. P	CT/US95/02071	on February 17, 1995			
		(if applicable).				
Thereby state that I have r		contents of the above-i	dentified specification, including			
I acknowlege the duty to dis- with Title 37, Code of Fed	close information which is ma eral Regulations, §1.56(a).	terial to the examination	of this application in accordance			
I bereby claim foreign prior patent or inventor's certific than the United States of Ar	ity benefits under Title 35, U ate or of any PCT internation nerica listed below and have: any PCT international appli- aby me on the same subject r	onal application(s) designation and control of the	of any foreign application(s) for nating at least one country other of foreign application(s) for patent least one country other than the te before that of the application(s)			
PRIOR FOREIGN/PCT APPL	LCATION(S) AND ANY PRIOR	RITY CLAIMS UNDER 3	i U.S.C. 179:			
-						
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 USC 119			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowled the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(day, month, year)

1995

X YES

X YES

☐ NO

□ №0

22 Feb. 1994

17 Feb.

PCT/US95/02071

08/198,409

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

PCT / US FILING DATE	PATENTED(~)	PENDMG(/-)	ABANDONED(~)
February 22, 1994		×	
		×	
	February 22, 1994 February 17, 1995	February 22, 1994	February 22, 1994 X

And I hereby appoint William D. Lucas, Reg. No. 17,721; David L. Just, Reg. No. 25,687, and Donald C. Lucas, Reg. No. 31;275, of the firm of Lucas & Just of 205 East 42nd Street, New York, N.Y. 10017, Telephone No. (212) 682-4980, Facsimile No. (212) 573-6127, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to receive all correspondence in connection with this application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued theron.

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Pull Name of First or Sole breentor: Insert Name of Inventor	GIVEN NAME	FAMILY NAME	DEVENTOR'S SLOSSATURE		9-27-9C		
treet Den This Document is Signed	Daniel	Armstrong	Theres N.	7 77 77			
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Insert Post Office	POST OFFICE ADDRESS (Computer Street Address Incheding City, State & Country) 715 Oak Knoll Road, Rolla, Missouri, U.S.A.						
Full Name of Escand Inventor, H myc	GIVEN NAME	FAMILY HAME	NVENTOR'S SIGNATURE		DATE.		
pas above	RESIDENCE (City, 5	toste & Country)		CITIZENSHIP			
	POST OFFICE ADDRESS (Complete Street Address Including City, State & Country)						
Full Name of Third '	GIVEN NAME	FAMILY NAME	RIVENTOR'S SIGNATUR	E	DATE		
per apore	RESIDENCE (CRY,	State & Country)		CITIZENSHIP			
	POST OFFICE AD	Including City, State & Country)					
Pull Name of Fourth Inventor, IT anys	GIVEN NAME	PAMILY NAME	ENVENTOR'S SIGNATUR		DATE		
see shows	RESIDENCE (CHy.	RESIDENCE (City, State & Country)		CITIZENSHIP			
	POST OFFICE ADDRESS (Complete Street Address Including City, State & Country)						